

Equity in experience and outcomes

Indicative score:

3 - Evidence shows a good standard

What people expect:

“I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals”

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

There was a consistent understanding from everyone we spoke with, from senior leaders to front line staff, about the inequalities within the county and the particular challenges of the geography. These priorities were clearly identified in the formal strategies, with plans in place to address them. For example, the Communities of Interest document provides additional information about the 9 identified communities in the area that were at risk of health and social care inequalities. This was supported with leadership from the Director of Public Health and through partnership working with health colleagues.

The Public Health report 2022 clearly identifies the challenges that each of the 4 identified geographical areas experience across Lincolnshire. The 4 areas identified are: Urban Centre, Urban Industrial, Rural and Market town, Coastal communities. The report is clear about the demographics of each area and the challenges and opportunities that each area presents. There are clear recommendations for further consideration at the end of the report for the local authority to consider in partnership with the rest of the health and social care system in Lincolnshire.

People with lived experience told us that there were opportunities for them to get involved in co-production in relation to the accessibility of the information provided by the local authority. For example, people with a learning disability had been involved in developing easy read formats and some staff have had training in the use of alternative communication methods so that they were able to gather views from more people.

The local authority website had information about how to change some of the accessibility options so that users can change their preference, including a voice activation option. The local authority was committed to improving the accessibility and there was a function on the website for people to make suggestions for improvements. Staff told us that they were able to request information in alternative languages and that they did not have any problems in obtaining interpreters when needed.

The frontline staff teams told us they were encouraged to be creative and flexible in their approach to engaging with people in general, but with particular focus when supporting those people who were part of communities that were at higher risk of health and social care inequality. There was joint working with partners from housing and the voluntary and community sector to work towards improving the access to support those communities.

For example, the local authority had been influential in the development of a multi-agency approach to supporting people with complex needs who needed longer-term support with a focus on prevention. One of the criteria for support from this team was that the person was from a community considered to be at particular risk of inequality.

The recently revised commissioning for homecare was carried out partly in response to the challenges of providing homecare to people living in rural areas and the previously high number of people waiting for homecare in those areas. The revised commissioning has meant there were very few delays in obtaining homecare and there have been no occasions when providers have said they are not able to provide care to people at short notice.